

Case Number:	CM14-0167607		
Date Assigned:	10/14/2014	Date of Injury:	02/09/1998
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 66 yr. old male claimant sustained a work injury on 2/9/98 involving the low back. He was diagnosed with cervical and lumbar disc disease. He underwent a lumbar laminectomy four times from 1998-2003 and a L3-L5 decompression as well as fusion of L3-L5 in 2008. He had undergone physical therapy and received cervical epidural injections without improvement. A progress note on 7/29/14 indicated the claimant had continued neck, back and knee pain. Exam findings were notable for painful range of motion of the cervical and lumbar region with muscle spasms. A subsequent request was made in a few weeks for an H-wave unit twice daily to improve function and reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: According to the MTUS guidelines, an H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be

considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). IN this case, there is no indication of TENS failure or adjunct treatment in a chronic pain program. The request for an H-wave unit is not medically necessary.